

E-filingPlaintiff's Name: David RuckerCDC No: P-29892Address: P.O. Box 689 DW-113U
Soledad, CA 93960UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIAFILED
08 MAR 18 PM 2:43
CHARLES W. WELLS
U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

) APPLICATION TO PROCEED
) IN FORMA PAUPERIS
) BY A PRISONER
)
) CASE NUMBER:
) **CV 08 1497**

In re ANDRE BOSTON et al. Plaintiff,
vs.
BEN CURRY, WARDEN Defendant(s).

I, David Rucker, declare that I am the plaintiff in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. section 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the complaint.

JSW
(PR)

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "no" DO NOT USE THIS FORM)If "yes" state the place of your incarceration. Correctional Training Facility Soledad**Have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account statement showing transactions for the past six months.**2. Are you currently employed (includes prison employment)? ☒ Yes ☐ Noa. If the answer is "yes" state the amount of your pay. 21.60 after restitution

b. If the answer is "no" state the date of your last employment, the amount of your take-home salary or wages and pay period, and the name and address of your last employer.

3. Have you received any money from the following sources over the last twelve months?

a. Business, profession, or other self-employment: ☐ Yes ☒ Nob. Rent payments, interest or dividends: ☐ Yes ☒ Noc. Pensions, annuities or life insurance payments: ☐ Yes ☒ Nod. Disability or workers compensation payments: ☐ Yes ☒ No

- e. Gifts or inheritances: ☐ Yes ☒ No
- f. Any other sources: ☐ Yes ☒ No

If the answer to any of the above is "yes," describe by that item each source of money. Also state the amount received **and** what you expect you will continue to receive. Please attach an additional sheet if necessary.

4. Do you have cash (includes balance of checking or savings accounts)? ☐ Yes ☒ No

If "yes" state the total amount: _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "yes" describe the property and state its value: _____

6. Do you have any other assets? ☐ Yes ☒ No

If "yes," list the asset(s) and state the value of each asset listed:

7. List all persons dependent on you for support, stating your relationship to each person listed and how much you contribute to their support.

I hereby authorize the agency having custody of me to collect from my trust account and forward to the Clerk of the United States District Court payments in accordance with 28 U.S.C. section 1915(b)(2).

2-27-08

DATE

Daniel R. Bush

SIGNATURE OF APPLICANT

CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 21.60 on account to his/her credit at CORRECTIONAL TRAINING FACILITY (name of institution). I further certify that during the past six months, the applicant's average monthly balance was \$ 6.66. I further certify that during the past six months, the average of monthly deposits to the applicant's account was \$ 10.80.

(Please attach a certified copy of the applicant's trust account statement showing transactions for the past six months).

3-14-08

DATE

Brenda Nation, Acct Technician
SIGNATURE OF AUTHORIZED OFFICER

(Form Last Revised 09/18/03)

CORRECTIONAL TRAINING FACILITY
P.O. BOX 686
SOLEDAD, CA 93960
ATTN: TRUST OFFICE

2



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.

ATTEST: 3-14-08

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY *Brenda Nation*
TRUST OFFICE
Acct Technician

Case Number: _____

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of
the prisoner's trust account statement showing transactions of

LUCKER P29892 for the last six months at
[prisoner name]

CORRECTIONAL TRAINING FACILITY where (s)he is confined.
[name of institution]

I further certify that the average deposits each month to this
prisoner's account for the most recent 6-month period were \$ 10.80
and the average balance in the prisoner's account each month for
the most recent 6-month period was \$ 6.66.

Dated: 3-14-08

Brenda Station, Acct Technician
Authorized officer of the institution

CORRECTIONAL TRAINING FACILITY
P.O. BOX 686
SOLEDAD, CA 93960
ATTN: TRUST OFFICE



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ATTEST: 3-14-08

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY Brenda Station
TRUST OFFICE

Acct Technician

REPORT ID: TS3030 .701

REPORT DATE: 03/14/08
PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
CTF SOLEDAD/TRUST ACCOUNTING
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

ACCOUNT NUMBER : P29892
ACCOUNT NAME : RUCKER, DAVID DARRELL
PRIVILEGE GROUP: A

FOR THE PERIOD: OCT. 15, 2007 THRU MAR. 14, 2008

TRAN
DATE CODE DESCRIPTION COMMENT CHECK NUM DEPOSITS WITHDRAWALS BALANCE

10/15/2007 BEGINNING BALANCE 0.00

ACTIVITY FOR 2008

01/07*VD54 INMATE PAYROL 2047 P4 21.60

02/06*VD54 INMATE PAYROL 2477 P2 21.60

02/07 W514 VISION CARE C 2517EYGLA 32.25

02/09 W502 POSTAGE CHARG 2546 POST 1.98

02/09 W502 POSTAGE CHARG 2546 POST 1.59

02/09 W502 POSTAGE CHARG 2546 POST 1.35

02/22 W532 DAMAGES - PER 2705 PANTS 6.03

03/06*VD54 INMATE PAYROL 2862 P 22 21.60

CURRENT HOLDS IN EFFECT

DATE PLACED HOLD CODE DESCRIPTION COMMENT HOLD AMOUNT

02/22/2008 H104 DAMAGES HOLD 2705SHEETS 6.72

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 02/26/99
COUNTY CODE: *SAC

CASE NUMBER: *98F04631
FINE AMOUNT: \$ 4,163.95

DATE TRANS. DESCRIPTION TRANS. AMT. BALANCE

10/15/2007 BEGINNING BALANCE 4,163.95

01/07/08 VR54 RESTITUTION DEDUCTION-SUPPORT 24.00- 4,139.95

02/06/08 VR54 RESTITUTION DEDUCTION-SUPPORT 24.00- 4,115.95

03/06/08 VR54 RESTITUTION DEDUCTION-SUPPORT 24.00- 4,091.95

THE WITHIN INSTRUMENT IS A CORRECT
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ATTEST: 3-14-08
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY *Brenda Natividad*
TRUST OFFICE
Acct Technician



CORRECTIONAL TRAINING FACILITY
P.O. BOX 686
SOLEDAD, CA 93960
ATTN: TRUST OFFICE

REPORT ID: TS3030 .701

REPORT DATE: 03/14/08
PAGE NO: 2CTF SOLEDAD/TRUST ACCOUNTING
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: OCT. 15, 2007 THRU MAR. 14, 2008

ACCT: P29892 ACCT NAME: RUCKER, DAVID DARRELL ACCT TYPE: I

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	64.80	43.20	21.60	6.72	0.00
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-----	-----	-----	-----	-----	-----

CURRENT AVAILABLE BALANCE	14.88
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CORRECTIONAL TRAINING FACILITY

P.O. BOX 686
SOLEDAD, CA 93960
ATTN: TRUST OFFICETHE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.ATTEST: 3-14-08
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY Doreen Watson
TRUST OFFICE*Act Technician*